10500

| | 1. PLACE OF DEATH | 46-8 |
|-----------------|--|--|
| 1 | County of Marie County | Registration Dist. No. 35/ |
| / | Village or City - Dubul N All | death occurred in a hospital or institution, give its NAME instead of street and number) |
| 1 | Length of residence in city or town where death occurredmos. | ds. How long In U.S. If of foreign birth?yrsmosds. |
| | 2. FULL NAME Jaul W. Cherry | If U. S. Veteran, specify WAR 26. |
| | (a) Residence: No. | St., Ward. |
| | (Usual place of abode) | If nonresident give city or town and State |
| | PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | MEDICAL CERTIFICATE OF DEATH |
| | Male while OR DIVORCED (write the word) | (Month) (Day) (Year) |
| | 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Olava Cherria | 22. I HEREBY CERTIFY, That I attended dacased from |
| ė. | 6. DATE OF BIRTH (month, day, and year) APR 7 1883 | (last saw h my alive on Oct 20 /, 1936; daath Is said |
| cate. | 7. AGE Yaars Months Days If LESS than | to have occurred on the date stated above, at J. A.m. |
| certifi | 52 10 14 1day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| ot ce | Trada, profassion, or particular kind of work dona, as SPINNER FALLEN SAWYER, BOOKKEEPER, etc. | Adens carcusma Janis 36 |
| back | 9. Industry or businass In which work was dona, as SILK MILL, Hahm. SAW MILL, BANK, atc | |
| | 10. Data daceasad last worked at this occupation (month 12) this occupation (month 12) year) | |
| instructions on | 12. BIRTHPLACE (city or town) Marshamb | Other Contributary Causes of importance: |
| nstr | 13. NAME gadob Cherrid | |
| See 1 | 14. BIRTHPLACE (city of town) Mary Canal (State or country) | Name of operation |
| nt. | 15. MAIDEN NAME Pama Bromley | 23. If daath was due to external causes (VIOL ENCE) fill in also the following: |
| important. | 16. BIRTHPLACE (city or town).———————————————————————————————————— | Accident, suicide, or homicide? Date of injury, 19 |
| | 17. INFORMANT GOLDA GALLINA A | Whara did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| is very | 18. BURIAL, GREMATION OR REMOVAL Place I Date OF 1 23 1936 | Manner of Injury |
| TION | 19. UNDERTAKER / Garne + Dennis | Nature of Injury 24. Was disease or Injury In any way related to occupation of deceased? |
|) | 20. FILED 10/22, 1936 RELOG Swith, Registrar, | (Signad) trank the server M. D. (Address) Wellards m. |

AGE should be stated EXACTLY. PHYSICIANS should state

WITH UNFADING INK-THIS IS A PERMANENT RECO.

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

D. Every item of infor-

Exact statement of OCCUPA.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis MAN | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| 6 R 6 Y 6 | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------------------|------------|----|-----------|
|------------------------------|------------|----|-----------|

TION is very important. See instructions on back of certificate.

-WRITE PLAI

N. B.

| 1 | 1 | 0 | 68 | 1 |
|---|---|---|----|---|
| 1 | 0 | 0 | U | 1 |

| 1. PLACE OF DEATH | (31) |
|---|--|
| County Wordsless | Registration Dist. No. 35/ |
| Village or City Smort Hull | NoSt., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds. |
| | Stepel Ju |
| 2. FULL NAME TO Shua Joseph 1300 | If U. S. Veteran, specify WAR |
| (a) Residence: No. (Usual place of abode) | ## St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR ON RACE OR DIVORCED (which the word) | 21. DATE OF DEATH Lakel 20, 193 (Month) (Oay) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. f HEREBY CERT f FY, That I ettended deceased from |
| (or) WIFE of | |
| 6. OATE OF BIRTH (month, day, and year) Mart 14- 1868 | I last saw h; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated ebove, atm. |
| 78 5 6 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| Trede, profession, or particular kind of work done, es SPINNER. | Impreasantes (Chrone) 1933 |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked a) this occupation (morth and | Cov. inter inefhiles 1935 |
| work was done, as SILK MILL, Own 610 | |
| 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this compation occupation 10.40% | |
| 12, BIRTHPLACE (city or town) | Other Contributary Causes of importance: |
| (State or country) Marykana | The same production of |
| 13. NAME William Godfies | |
| 13. NAME // Alliam Hocifily | Name of operation |
| (State of country) | What test confirmed diagnosis? Classical Was there en aulopsy? No |
| 15. MAIOEN NAME Mary Q. Moris 16. BIRTHPLACE (city or town) - Mary Q. | 23. If death was due to externel ceuses (VIOLENCE) fill In also the following: |
| [5] 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| (State or country) | Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE |
| 17. INFORMANT // SAN // WYSH & SUCH WIS | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION OR REMOVAL | Manner of injury |
| Place for J. Will W. Date (1) day, 1976 | Nature of Injury |
| 19. UNDERTAKER / follows & Sommer Sp. | 24. Was disease or Injury In any way related to occupation of deceased? |
| (Address) Snow Hill md. | If so, specify |
| 20. FILEO 10722, 1936 TELOG Selection Registrar. | (Signed) Trans a grand M. D. (Address) Millands M.D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | , 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

N. B.-WRITE

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | |
|---|--|
| county Worcester. | Registration Dist. No. 35/ |
| Village or City Smare I Lell R. L. D. | No. St Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred | ds. How long in U.S. if of foreign blrth?yrsmosds. |
| 2. FULL NAME Noward Dielems | cu. |
| | St.,Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| male white OR DIVORCED (wire the word) | Oct. 12 1936 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of Clery Tickens aux. | 22. I HEREBY CERTIFY, That I attended deceased from |
| DH == 1510 | , 19, to, 19, 19 |
| 6. DATE OF BIRTH (month, day, and year) Wellow 22, 1869. 7. AGE Years Months Days If LESS than | I last saw h; death is sald to have occurred on the date stated above, at / /m, |
| 1 day hre | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| ormin. | were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | no rugiciai in al |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and | Resoluted Taxous seed- |
| work was done, as SILK MILL, have | abily ill and and |
| 10. Date deceased last worked at this occupation (month and spent in this | Francis for the control of the contr |
| year) occupation occupation | variety, subusin |
| 12, BIRTHPLACE (city of town) many land. | Other Contributory Caused of importance: |
| (State or country) | |
| 13. NAME John Idickman. | |
| 14. BIRTHPLACE (city or town) Maryland: | Name of operation Date of |
| (State of Country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Mary E. Boslow. 16. BIRTHPLACE (city or town) aryland. | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 5 16. BIRTHPLACE (city or town) . Im arishand. | Accident, sulcide, or homicide? Date of Injury19 |
| X (State or country) | Where did injury occur? |
| 17. INFORMANT Mr. William Hickman | (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. |
| (Address) Celastown med. | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Diplocal Held, Gui Coffelia Citate OCt. 17, 1906 | Nature of injury |
| 19. UNDERTAKER W. Burbogs | 24. Was disease or injury In any way related to occupation of deceased? |
| (Address) / Berlin nis. | If so, specify P |
| 20. FILEO 10/13, 1936 LEton Swith. | (Signed) LELOY Sully, M.D., |
| Registrar. | (Address) Superfield, Mid |

If more blanks fre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | i | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| b, b, A, V, PA | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| ADDITIONAL SPACE FOR | R FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|-----------|------------|----|-----------|
|----------------------|-----------|------------|----|-----------|

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—

AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. See instructions on back of mation should be carefully supplied. TION is very important. STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE O | F DEATH | | | WITHIN CORPORATE LIMITS OF | |
|------------------------------------|---|---|---|--|-------------------|
| County | Worceste | r | | Registration Dist. No. | 50 |
| Village or | city Pocomok | e City | | No. 715 e. Fifth St., If death occurred in a hospital or institution, give its NAME instead of street and | Ward |
| Langth of ras | sidence in city or town w | here daath occurred. | | sds. How tong in U.S. If of foreign birth?yrs | |
| 2. FULL NA | ME | • | Long | If U. S. Veteran, specify WAR | |
| (a) Residen | nce: No. | (Limala) | ace of abode) | St., Ward. If nonresident give city or town as | nd State |
| PERSON | NAL AND STAT | | | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX | 4. COLOR OR RACI | | ARRIED, WIDOWED, | 21. DATE OF DEATH MA | |
| Male | Colored | Singl | CED (write the word) | (Month) (Day) | , 193.@ (Year) |
| 5a. If marriad, wido HUSBAND of | wad, or divorced | | The Market | 22. I HEREBY CERTIFY. That I attende | d deceased from |
| (or) WIFE of | | | | | |
| 6. DATE OF BIRTH | (month, day, and year) | October | 20.1936 | 1 last saw h elive on, 19 | |
| 7. AGE Ye | ars Mont | ns Days | If LESS then | to have occurred on the date stated above, atm. | |
| | - | - | 1 day,hrs. | were es follows: | Data of onset |
| 8. Trade, profa | assion, or particular work done, as SPINNE | ٦. | | Premature Birth(75 Mo) | |
| | work done, as SPINNE R, BOOKKEEPER, etc business in which | | | Mother had a fall | |
| work wa | as done, as SILK MILL, ILL, BANK, atc | | | | |
| 10. Date decear | sed last worked at upation (month and | 11. Tot | al time (yaars) spent in this | | |
| yaar) | | | occupation | Other Centributory Causes of importance: | |
| 12. BIRTHPLACE (c | | omoke Cit | у | - | ** |
| 13. NAME | El wood Wa | | | | |
| Ē | Poo | omoke Ci | tv | | |
| | | aryland | | Name of operation | |
| 15. MAIDEN N | AME Bessie | | | What tast confirmed diagnosis? | |
| | E (city or town) P | ocomoke C | ity | Accident, suicide, or homicide? Date of injury | |
| | r country) | Maryland | +0 | Where did Injury occur? | , 4 |
| 17. INFORMANT | Perry Bell Pocomoke | e Hughe | S | (Specify city or town, county and St Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC P | ate) LACE. |
| 18. BURIAL, CREMA | TION, OR REMOVALLE | alls Hill | Cemetary | Manner of injury | |
| Poor moke | e City.Md. | Date OC 1 | 1,20, 1936 | - Natura of tnjury | |
| 19. UNDERTAKER | Edward | Long | | 24. Was disaese or Injury In any way retated to occupation of deceased? | |
| (Address) | Pocomoke (| City.wd | | tf so, specify | |
| 20, FILED at. | 30, 19 36. | John T. F | Riley Registrar. | (Signed) POCOMOR Md | istrar D. |
| | | | *************************************** | THORE CIE. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example | | Example II | FILE. |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1 3 193 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstition nephratis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | 1 |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |

| 1 | PLACE OF DEATH | OF MARYLAND- | CERTIFICATE OF DEATH | 1080 |
|------------|---|--|--|----------------|
| 1 | /// 100 0 | 1/1/1/11 | WITHIR CORPORATE LIMITS OF | 50 |
| | County // Off | | Registration Dist. No. | |
| | Village or City Court | coss tu | No. St., f death occurred in a hospital or institution, give its NAME instead of street and | Wai |
| | Length of residence in city or town when | | | |
| 2 | FULL NAME Mar | silla.M | 10 ME M. V. VARO SCIE WAR | |
| - | | | St. Ward. | |
| | (a) Residence: No. | (Usual place of abode) | If nonresident give city or town as | d State |
| | PERSONAL AND STATIS | TICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3, 81 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DOVORCED write the word) | 21. DATE OF DEATH | 1 |
| 16 | ruolateolor | a Wellow | (Month) (Day) | , 193 (Year) |
| 5a. 1 | f married, widowed, of divorced HUSBANO of (or) WIFE of | | | |
| | (or) WIFE of | aucel | HEREBY CERTIFY That I ettende | d deceased fr |
| | 1 | D=+ N. | Liast saw h E/2 elive on D E/2 28 1936 | 7, 19./9 |
| 6. D | ATE OF BIRTH (month, day, and year) GEN Years Months | Days If LESS than | to have occurred on the date steted above, at / 30 P.m. | ⊇_; death is s |
| 0 4 | 1. +95 - | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and releted causes of importence | |
| 7 | 8. Trade, profession, or particular | | were as follows: | Date of on |
| S | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Housewell | | |
| A I | 9. Industry or business in which | *************************************** | LERELRAY (TENDOUGHOE | 9/20 |
| OCCUPATION | work was done, as SILK MILL, SAW MILL, BANK, etc | | - Co | La Taf. |
| 3 | 10. Date deceased last worked et this occupation (month end | 11. Totel time (years) | (PARATUSIS - VEL + SIDE) | |
| - | year) | occupation | Other Contributory Causes of Importance; | |
| 12. | BIRTHPLACE (city or town) | oulactes, | | |
| 1 | (State or country) | 19que | SEXIPITY - | |
| HER | 13. NAME A COULT | Revou | | |
| | 14. BIRTHPLACE (city or town) / ! | (/ | Name of operation Date of. | |
| - | (State or country) | 10.10 | Whet test confirmed diagnosis? Was there ar | autopsy? |
| | 15. MAIDEN NAMES LEAS | Blaken | _ 23. If death was due to external causes (VIOL ENCE) fill in also the followi | ng: |
| MOTHER | 16. BIRTHPLACE (city or town) | concecteo | Accident, suicide, or homicide? Date of injury | , 19 |
| Σ | (State os country) | agenia | Where did injury occur? | |
| 17. 1 | INFORMANT DE BOLOL | epelier o | (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F | LACE. |
| | (Address) Address | the texty med, | | |
| 18. | BURIAL CREMATION, OR POMOVAL | 1 1045 3 | Manner of injury | |
| V | Plate | The 1901 | Nature of injury | |
| 19. 1 | UNDERTAKER DISLOSUES | Speakel Sol | 24. Was disease or injury in any way related to occupation of deceased? | NO |
| | (Address) or one | o leate mes | If so, specify | |
| 20. 1 | FILED OF 3, 1936 | John T. Pelley | (Signed) | N |
| | | Registrar. | (Address) TORDWORR CILy | red |

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | i de la companya de l | Example II | |
|--|--|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chronic interstitial haphritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage NOV 3 1936 | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE FOR FUI | RTHER STATEMENTS | \mathbf{BY} | PHYSICIAN |
|--------------------------|------------------|---------------|-----------|
|--------------------------|------------------|---------------|-----------|

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | (227) |
| County Wareestes | Registration Dist. No. 3 4 1 |
| Village or City 13 whin med | No. St., War |
| | death occurred in a horpital or institutioo, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosdi |
| | 16 U. S. Veteran, specify WAR |
| (a) Residence: No. Ironshine ma | St., Ward. |
| (Usual place of abode) | If nonresideot give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Musical | 21. DATE OF DEATH (Month) (Dey) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY. Thet i attended deceased fro |
| (or) WIFE of James K. Massey | aug- ,19.36,10 Clat 20 ,19.32 |
| 6. DATE OF BIRTH (month, day, and yeer) aug. H. 1865 | I lest saw he elive on 1956; death is sai |
| 7. AGE Yeers Months Deys If LESS then 1 day,hrs. | to heve occurred on the dete steted above, etm. |
| /0 / 26 ormin. | The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows: |
| 8. Trede, profession, or particuler klnd of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. | Chrebral Hamon Age aug. |
| 9. Industry or business in which work wes done, as SILK MILL, | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked et last or the accuration (months and la | - |
| this occupation (month and spent in this occupation | |
| 12. BIRTHPLACE (city or town) (Stete or country) | Dther Centributery Causes of importance: |
| 13. NAME Namiel Bithards | |
| 13. NAME Parel Athards 14. BIRTHPLACE (city or town) Miles (State or country) | Neme of operation 2000 Date of |
| (State of Country) | Whet test confirmed diagnosis? |
| 15. MAIDEN NAME Mirander Villeton | 23. If death wes due to external causes (VIDLENCE) fill in elso the following: |
| 0 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| (State or country) | Where did injury occur? (Specify city or towo, county and State) |
| 17. INFORMANT ASSURE TO MASSEY (Address) | Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| Place Laughelen Date (Set, 12, 1936 | Nature of injury |
| 19. UNDERTAKER L-W. Bushaze | 24. Was diseese or injury in eny way related to occupation of deceased? |
| (Address) / Declin med | if so enecify |
| 20. FILED Oct/2, 1936 I VM yourford | (Signed) & 9. Holland M. |
| Lehwa Registrar. | (Address) Gerlin mat |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 7 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1938 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributery cover of inventors. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

item of infor-

Exact statement of OCCUPA.

-WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH

| .0 | 0 | 13 | 11 | 0 | |
|-----|----|----|----|----|--|
| - 1 | 11 | 7 | 11 | 6 | |
| 3 | U | 0 | V | 11 | |

| 1. | PLACE (| OF DEA | TH | | | 458 |
|------------|---|--|---|------------------------------|--|--|
| | County | orces | ter | | W | THIN CORPORATA LIMITS OF Registration Dist. No. |
| | | | Comolic ity or town where | | | No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds |
| 2. | FULL N | AME A | lice Vi | rainia l | erter | If U. S. Veteran, specify WAR |
| | | | | (Usual place | | St., Ward. If nonresident give city or town and State |
| | PERSO | NAL AN | ID STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH |
| _ | male | 11 | r or race | | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH Comoke City October 31st., 1936 (Month) (Day) (Yaar) |
| 5a. 1 | f married, wide HUSBAND of (or) WIFE of | | sh Fert | er | | 22. 1 HEREBY CERTIFY. That I attended decaesed from |
| 6. D | ATE OF BIRTI | H (month, day | y, and year∑ e p | t.23rd. | 1860. | I lest sew h. Levelive on Oct all 19936; daeth is sale |
| 7. A | GE Y | aars 76 | Months | Days 8 | If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, at a QA_m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows: |
| OCCUPATION | 9. Industry o work v SAW N 10. Date daca this oc year) | r business in vas done, as 3 IILL, BANK, of ased last wor cupetion (mo | SILK MILL, etcrked et Feb. nth and 1936 | spa occi | ime (yeers) nt in this Life upetion Life | Other Contributory Causes of Importance: |
| FATHER | 13. NAME // | | | tt | aty | Nama of operation |
| - | | or country) | | ryland. | | What test confirmed diagnosis? Was there an autopsy? |
| MOTHER | 16. BIRTHPLA | | Semer | Dryden set Cour Tland. | ıty | 23. If daath was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? |
| 17. | NFORMANT (Address) | .Scet | | y.Maryl | and. | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18, | Place | rian | REMOVAL Cemete: | Date N.O.V. | lst,19 36 | Manner of Injury |
| | UNDERTAKER (Address) | mylto. | ore Po | Mary | usor. | 24. Was disease or injury In any wey related to occupation of decaased? If so, spacify (Signad) |
| 20. | FILED | , | 19 | | Registrar. | (Address) Poromake lif - Wed. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Exam | ple I | 1 | Example II | |
|---|-------------------|---------------|--|---------------|
| The principal cause of death a of importance were as follows: | nd related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | EINER | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephrilis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | N 3 1936 | July 5,1927 | Peritonitis | 3 days ago |
| Wa // BU | DEAU V. S. | | | |
| Other contributory causes of i | | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. •

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10807 |
|--|--|
| 1. PLACE OF DEATH | (157.c) 3.5/ |
| County WMCLSLEY | Registration Dist. No. 35 |
| Village or Stor 2 Smow Hill | NoSt.,Ward |
|)— (If | death occurred in a horpital or institution, give its NAME instead of street and number) 2/ds. How long in U.S. if of foreign birth?ds. |
| 2 / 1 / 1/21 | / |
| 2. FULL NAME / July A. Dissoms | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (Sprice the word) Male Colored Single. | 21. DATE OF DEATH Tables 25 , 193 (Month) (Oay) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of | 22.1 A I HEREBY CERTIFY. That I attended deceased from |
| (or) WIFE of | Selstentin 9 1936 to October 20 1936 |
| 6. DATE OF BIRTH (month, dey, and year) Male 3 1936 | I last law hiss alive on O.X. 20, 19.36; death is said |
| 7. AGE Years Months Deys II LESS then | to have occurred on the dete steted ebove, atAm. |
| 5 2/ 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| | Congenital Vilral Insufficiency. |
| 9. Industry or business in which work wes done, es SILK MILL, | the forth on a |
| SAW MILL, BANK, etc | |
| O 10. Oete deceased last worked et this occupetion (month end year) | |
| year) | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| The same of | Mulmurun. |
| E TOTAL TOTA | |
| 4. BIRTHPLACE (city or town) (Stete or country) | Name of operation Oate of What test confirmed diagnosis? |
| 15. MAIDEN NAME Victoria Atries | What test confirmed diagnosis? |
| 15. MAIDEN NAME VICTORIA FORES 16. BIRTHPLACE (city or town) WOM Victoria (Stelant country) | Accident, suicide, or homicide? |
| (Stete or country) Many Cank | Where did injury occur? |
| 17. INFORMANT Mictaria Dessams | (Specify city or town, county and State) Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place MacDon Manager Date 101, 1934 | Neture of injury |
| 19. UNOERTAKER / Cadrel V Denner 30. | 24. Was disease or injury in eny way related to occupation of deceased? |
| 20. FILEO. 10926, 1936 RELOY Sweeth. Registrar. | (Signed) Merrood Jerus M. D. (Address) Man Hill, M. d. |
| | 2411 N Charles Street Baltimore Requestion 7) S No. 7 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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| Example I | - | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

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stated EXACTLY. PHYSICIANS should state B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOKD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. AGE should be See instructions on back of mation should be carefully supplied. TION is very important. STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF | F DEATH | | | (3) | |
|---------------------------------------|---|-----------------------------------|--|--|-------|
| County | Worcester | | | Registration Dist. No. 350 | |
| | City Pocomoke C | | (Jf | If death occurred in a hospital or institution, give its NAME instead of street and number) | /ard |
| (| | | | sds. How long in U.S. if of foreign birth? yrsmos | ds. |
| | MÉ Smack S | tillborn | | | |
| (a) Residen | | (Usuai place | | St., Ward. If nonresident give city or town and State | |
| | AL AND STATIST | | | MEDICAL CERTIFICATE OF DEATH | |
| male | 4. COLOR OR RACE white | 5. SINGLE MAR OR DIVORCE S1 | RRIED, WIDOWED, D (write the word) Ng 10 | 21. DATE OF DEATH (Month) (Day) , 193 (Pear |) |
| 5e. If married, widow HUSBAND of | ved, or divorced | | | 22. I HEREBY CERTIFY, That I attended deceased | from |
| (or) WiFE of | | 1 | | Oct. 16 19 36 to Oct. 16 19 3 | |
| 6. DATE OF BIRTH | (month, dev. end year) | T 16. 1 | 936 | Hast saw h im dened Oct, 16 19 36 death is | |
| 7. AGE Yee | | Deys | If LESS than I day,hrs. ormin. | to heve occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importance | |
| kind of v | ssion, or particuler work done, as SPINNER, BOOKKEEPER, etc | none | | stillborn | nset |
| | business in which s done, es SILK MILL, LL, BANK, etc | | | | |
| O this occu | ed last worked et pation (month end | spe | time (yeers) ent in this upetion | | |
| 12. BIRTHPLACE (cit (Stete or cour | | ce City | | Other Contributory Causes of importence: | |
| 13. NAME | Fred Smack | | | | |
| | E (city or town) Worce r country) Maj | ester Co. ryland | | Neme of operation | |
| 15. MAIDEN NA | ME Vernie Hance | ock | | 23. If deeth was due to external causes (VIOLENCE) fill in elso the following: | |
| | E (city or town) Words | | | Accident, suicide, or homicide? Date of Injury, [9 | |
| 17. INFORMANT F (Address) | red. Smack Pocomoke Ci | ty, Md. | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMAT | | Dete_Nov. | . 16, 1936 | Menner of Injury | |
| 19. UNDERTAKER (Address) | Vernon Steve Pocomoke C | enson ity, Md. | | 24. Was disease or injury in eny way related to occupation of deceased? | |
| 20. FILED NOV. | 30 ,19 36 | Anne E. W | hite Registrar. | (Signed) Poomoke City, Md. | M. D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenterilis | 1 year |
| | | 1 . " | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | $\mathbf{B}\mathbf{Y}$ | PHYSICIAN |
|------------|-------|-----|---------|------------|------------------------|-----------|
| | | | | | 4 | /- 6 5 |

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S. No. 1

should state OCCUPA-1. PLACE OF DEATH Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or down where death occurred How long in U.S. If of foraign birth?__ statement If U. S. Veteran, specify WAR. (a) Residence: No. St. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEAT OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY, That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properl 7. AGE **Yaars** If LESS than Months Days 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc. Jo 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... back may 11. Total time (years) on 10. Date deceased last worked at this occupation (month and occupation _ 20 that See instructions 12. BIRTHPLACE (city or town) (Stata or country) terms, FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town) (State or country) What tast confirmed diagnosis? MOTHER very important. 15. MAIDEN NAME ü 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_______ Date of Injury______ 19_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?_ (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnous 17. INFORMANT OF (Addrass) 18. BURIAL CREMATION OR Mannar of injury FION is CAUSE mation Nature of injury_ 24. Was disease or injury in any 19. UNDERTAKER. (Address) If so, specify B, (Signed) 20. FILED ...

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If nonresident give city or town and State

Data of onset

Was thera an aulopsy?_____

(Day)

(Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis A CELVED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage DEC 7 1936 | July 5,1927 | Peritonitis | 3 days ago |
| EUSEAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | السيبسبا | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | \mathbf{BY} | PHYSICIAN | |
|------------|-------|-----|---------|------------|---------------|-----------|--|
| | | | | | | | |

101

| STATE | OF | MARYLAND-CERTIFICATE | OF | DEATH |
|--------|----|----------------------|----|--------|
| - 1711 | 01 | WARTEAND CERTIFICATE | | DEVIII |

| 10 | 803 |
|-----|-----|
| 10: | 300 |

| 1. PLACE OF DEATH | (82-61) |
|---|---|
| County Movester | Registration Dist. No. 35/ |
| Village of City Dnow Hill | No. St., Ward |
| Length of residence in city or town whera death occurred. | f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds. |
| (+ 1 · n++ | $\supset a \land$ |
| 2. FULL NAME CITCHURY Sollvenson | If U. S. Veteran, specify WAR |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. CQLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Male Converged OR DIVORCED (wing the word) | 193 P |
| 5a. If married, widowed, or diverced | (Month) (Day) (Year) |
| HUSBAND of Cor) WIFE of Mallie Mene San | 22. HEREBY CERTIFY. Individual attended deceased from |
| Bin 24-1870 | 19 5 (a, to 19) |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days if IFSS than | I last saw 11. alive on 11. 2. 19. 20; death is said |
| 7. AGE Years Months Days if LESS than 1 day,hrs, | to have occurred on the date stated above, at |
| 9 / 1 3 ormin. | ware as follows: |
| 8 Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | selling fimorleage |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date daceased last worker at this occupation (month and | |
| 10. Date dacaased last worked at 11. Total tima (years) | |
| this occupation (month and 1929 spent in this 2041) | |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of importance: |
| (State or country) a Marukanul | KARALINA ON RALIS OF |
| 13. NAME PARMISO | Pos a Distriction |
| 13. NAME (phonles) 14. BIRTHPLACE (city or town) | (flat aligns to stairs) |
| 14. BIRTHPLACE (city or town) - MONMEONIO | Name of operation Date of |
| W 15. MAIDEN NAME RASE Work | What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? |
| Ξ //////////////////////////////////// | 23. If death was due to external causas (VIOLENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or town) - Hard Council | Accident, sulcide, or homicide? |
| Mallie Oftende 10 | (Specify city or town, county and State) |
| 17. INFORMANT Affilled Allenson (Address) Anon Allenson (Madress) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place plum lengthleng Date SCV. 4, 1934 | Nature of Injury. |
| 19. UNDERTAKER / LEASING & Dennish | 24. Was disease or injury In any way related to occupation of decaased? |
| (Address) Show Will mo | If so, specifyAA |
| 20. FILED 1997 1936 LECON Sweeth, | (Signed) / Allemand Thrus M.D. |
| Registrar. | (Address) August Hill, Wild. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Date of onset | The principal cause of death and related causes | - 1 to 1 |
|---------------|--|---|
| 1915 | of importance were as follows: Attack of epilepsy | Date of onset |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| May 1.1923 | Other contributory causes of importance: | 1 year |
| | 1921 July 5,1927 | 1915 Attack of epilcpsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

5a.

OCCUPATION

MOTHER FATHER

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| MAKGIN | |
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V. S. No. 1 N. B.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10810 |
|--|---|
| 1. PLACE OF DEATH | 19 |
| County Wuester | Registration Dist. No. 3 3-2 |
| Village or City Bulin and | No. St., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Catherine d. Tim | gle If U. S. Veteran, specify WAR |
| (a) Residence: No. | St. Ward, |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (querier the word) | 21. DATE OF DEAYH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 22. I HEREBY CERTIFY, That I attended decessed from |
| 6. DATE OF BIRTH (month, day, and year) Queg. 31. 1936 | I last saw h. At alive on Sept 8, 136; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the data stated above, at 10 H m. |
| 1 / 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8. Trade, profession, or particular | wara as follows: Date of one of |
| O Kind of Work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Purp |
| 9 Industry or business in which work was done, as SILK MILL, | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation | |
| and | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or county) | · · · · · · · · · · · · · · · · · · · |
| 13. NAME Jeckword Jengle 14. BIRTHPLACE (city or town) | |
| 14, BIRTHPLACE (city or town) | Name of operation Dete of |
| (State of Country) | What test confirmed diegnosis? Wes there en autopsy? |
| 15. MAIDEN NAME (Thele's Museelsson 16. BIRTHPLACE (city or town) | 23. If death was due to externel causes (VIO) ENOE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide?Date of injury19 |
| (State or coontry) | Where did injury occur? |
| 17. INFORMANT FEBRUARD NO Spelan | (Specify city or town, county end State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OB REMOVAL | Menner of injury |
| Place Bushin Med. Date Oct. 13, 1936 | Nature of Injury |
| 19. UNDERTAKER J. W. Bushage (Addrass) Bushing | 24. Was disaase or injury in any way related to occupation of daceased? If so, specify |
| 20. FILED Oct 13, 1956 IV 7 1/ winfred Delle Registrar. | (Signed) M.D. (Addrass) Serlus Tro |
| If more blanks are needed, address btale Registrar, | 2412 N. Charles Street, Baltimore, Requesting V. S. No. 2. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | -13 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis 1000 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

D. Every item of infor-

Exact statement of OCCUPA-

V. S. No. 1

N. B.-WRITE PLAI

| | 40044 |
|--|--|
| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10811 |
| 1. PLACE OF DEATH | (J3) WITHIN CONTO |
| County / Del | Registration Dist. No. |
| Village or City of College Col | death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos. | ds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME Harret a, He | M US Neteran specify WAR. |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED. | MEDICAL CERTIFICATE OF DEATH |
| toucole thete OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Oay) (Year) |
| 5a. If married, widowed, of divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY. That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 15-1850. | I last saw h. W. alive on Oct / 19.76, death is seid |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 4 30 L_m. |
| 85 10 27 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profession, or particular | abdaminal Line Date of onset |
| kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. | (Very Large) |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | This patient word only seem on the day of |
| 10. Date deceased last worked at 11. Total time (years) | her death a No postomortion a Not sufficient time |
| this occupation (month and 934 spant in this occupation | Other Centributary Course of importance |
| 12. BIRTHPLACE (city or town) Wareskin Cut | Other Contributory Causes of importance: |
| (State or country) Mankaulaud | Chanies Kidney. |
| 13. NAME Clesha / alyson | |
| 14. BIRTHPLACE (city or town) Marchester Cop | Name of operation Date of |
| (State or country) Maryland, | What test confirmed diagnosis? Was there an autopsy? No. |
| 15. MAIDEN NAME OLINATION | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) // accesses Cop. | Accident, suicide, or homicide?Oate of Injury, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT CALL BURNELL ST. CALLES | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Date 1956 | Nature of injury |
| 19. UNOERTAKER ESTABLISHED THE CONTROL (Address) | 24. Was disease or Injury In eny way related to occupation of decoased? |
| 20, FILEO Oct 12. 19.36. John T. Rily | (Signed) 9 All and up. M.D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| | Example I | i i | Example II | |
|--|---------------------------------------|---------------|--|---------------------------|
| The principal cause of of importance were as | death and related causes- follows: | Date of onsat | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephr | 2 0 1004 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | MON 3 TAR | July 5, 1927 | Peritonitis | 3 days ago |
| | BUREAU V. S. | 11 | | |
| Other contributory can | ises of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| ADDITIONAL S | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|-------|-----|----------------|-------------------|----|-----------|
|--------------|-------|-----|----------------|-------------------|----|-----------|

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | 10.7 |
|---|--|
| County Worses lev. | Registration Dist. No. 355 |
| Village or City Whalewile. | NoSt., Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of rasidence in city or town where death occurredyrs,mos. | |
| 2. FULL NAME William D. Trut | |
| (a) Residence: No. Willards DN d. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR DE TAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) William Color | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Marcha Irrutt. | 22. OLL HEREBY CERTIFY, That I attanded decassed from |
| 6. DATE OF BIRTH (month, day, and year) May 29, 1860 | I last saw harmy allve on act 1 % 1936; death is said |
| 7. AGE Yaars Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. | Bernely mennousa 111134 |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or businass in which work wes done, es SILK MILL, SAW MILL, BANK, etc | · · · · · · · · · · · · · · · · · · · |
| O 10. Date daceasad last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) Maryland (State or country) | Dither Contributory Causes of Importance: |
| 13. NAME Wesless Truitt | The state of the s |
| 13. NAME Wesley Truitty 14. BIRTHPLACE (city or town) Maryland (State or country) | Name of operation Date of What test confirmed diagnosis? Classical Was there an autopsy? |
| II 15. MAIDEN NAME & allie Lewis. | 23. If death was due to external causes (VIOL ENCE) fill In also the following: |
| 15. MAIDEN NAME & allie Lewis. 16. BIRTHPLACE (city or town) Mary Complex. | Accidant, suicide, or homicida? Date of Injury, 19 |
| 17. INFORMANT Mrs. Elisha Hall | Where did injury occur? |
| (Address) Thaleyrlle m.d. 18. BURIAL, CREMATION, OR REMOVAL Place Willards Com. Date Oct. 21 1936 | Manner of injury |
| 19. UNDERTAKER J.W. Burbog. (Addrass) | 24. Was disaese or injury In any way related to occupation of daceased? |
| 20. FILED 10 - 20 - , 1986 Helen J. Haywa | (Addrass) |
| | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 1 1101 | ا ا | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| | ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--|------------|-------|-----|---------|------------|----|-----------|
|--|------------|-------|-----|---------|------------|----|-----------|

STATE OF MARYLAND-CERTIFICATE OF DEATH

| Village or City. Summer Summe | 1. PLACE OF DEATH | | | (82-a) | |
|--|--|----------------------|------------|---|------------------|
| Langth of residence in city or town where deeth occurred. VIET MANE (a) Residence: No (Usual place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED MIDOWED OR-BYOYCED (write the goord) S. II HERTIFICATE OF DEATH 22. I HER EBY CERTIFY, That I attended deceased from Orb. Milks, market of the size of size of some or some of size of steeled work and one as STINNER, S. Trade, profession, or particular work was done, as STINNER, S. Industry to business in while, Bank, etc. S. Industry to business in while, Bank, etc. S. Industry to business in while, Bank, etc. S. INAME | County / Orus | res | <i></i> | Registration Dist. No. | 355 |
| 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, ORDOWED, ORDOWE | Village or City 15 u | lin Ind | K. H. | | |
| (a) Residence: No. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DISPOSED (venice belowed) 5. SINCIE, MARRIER, WIDOWED, OR DISPOSED (venice belowed) 5. If married, widowed, or divorced (vor) WiFE of Marky 4. Trade, profession, or particular particula | Length of residence in city or town | where deeth occurred | yrsmos | ds. How long in U.S. If of foreign birth?yrs | mosds. |
| Personal and Statistical Particulars | 2. FULL NAME 3a | dock IX | Trui | If U.S. Veteran specify WAR | ************** |
| 3. SEX 4. COLOR OR RACE ON PROPERTY Comits imprinced wildowed, or divorced (Nonth) (Nonth | (a) Residence: No. | (Usuni place | of abode) | | nd State |
| OR-DIVORCED (write the word) Sh. If married, evidewed, or divorced HUSPAID of Corp. Wife of HUSPAID of Loss | PERSONAL AND STA | TISTICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| HUSSAND of (or) WIFE of Mary Justified (or) WIFE of WIFE of Mary Justified (or) WIFE of WI | 3. SEX 4. COLOR OR RA | | | V L 20 | , 193 (Year) |
| 6. DATE OF BIRTH (month, daylord year) 7. AGE Yeers Months Oays If LESS than 1 day, | HUSBAND of | I. Tsuit | # | 0 + 1 | ed deceased from |
| 7. AGE Yeers Months Oays IT LESS than 1 day,hrs. or | 6. DATE OF BIRTH (month day and year | 11/1/29 | 1861 | 1 1 2 0 | 6 deeth is seid |
| Date of enset Note: Trade, profession, or particular sind of work done, as SPINNER, SANYER, BORKEFER, etc. 1. Industry or business in which work was done, as SILK MILL. 1. Date decessed last worked at spent in this occupation (month and year) 1. Date decessed last worked at spent in this occupation (month and year) 1. BIRTHPLACE (city or town). (State or country) 1. Informant Many Jaylor 1. Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 1. Jaylor Jaylor 1. Informant Many Jaylor 1. Informant Many Jaylor 1. Informant Many Jaylor 1. Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 1. Jaylor Jaylor 1. Informant Many Jaylor 2. Was disease or injury in any way related to occupation of deceased? 1. Manner of injury Neture of injury 1. Informant Many Jaylor 1. Information Many Jaylor 1. Informant Many Jaylor 1. Information Many Jaylor 1. Informant Many Jaylor 1. Information Many Jaylor 1. Information Many Jaylor 1. Information Many Jaylor 2. Information Many Jaylor | | 1 1 | / / | to have occurred on the dete steted above, et | |
| Trade, profession, or particular kind of work done, as SPINRER, SAWYER, BOOKKEPPER, etc. Shindstry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPPER, etc. Shindstry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. Shindstry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. Shindstry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. Shindstry or business in which work was done, as SILK MILL, Saw MILL, BARK, etc. Shindstry or business in which work was done, as SILK MILL, Shindstry or business in which work was done, as SILK MILL, Shindstry or business in which work was done, as SILK MILL, Shindstry or business in which work was done, as SILK MILL, Shindstry or business of importance: 12. BIRTHPLACE (city or town) | 75 7 | 20 | | The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were es follows: | Date of onset |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED. 10. 21. 1936 Accident Sulcide or injury in any way related to occupation of deceased? 17. Other Countributory Causes of importance: Other Countributory Neme of operation What test confirmed diegnosis? Was there an autopsy? Accident, suicide, or homicide? Other Countributory What test confirmed diegnosis? Was there an autopsy? Accident, suicide, or homicide? Other Countributory Neme of operation Other Countributory Neme of operation Other Countributory What test confirmed diegnosis? Was there an autopsy? Accident suicide, or homicide? Other Countributory What test confirmed diegnosis? Was there an autopsy? Accident suicide, or homicide? Other Countributory Other Countributory Neme of operation Other Countributory What test confirmed iegnosis? What test confirmed iegnosis? Wha | 8. Trade, profession, or particular kind of work done, as SPINN SAWYER, BOOKKEFPER, etc. | IER, | | Cerebral Hamanahaga | 0215.3 |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED. 10. 21. 1936 Accident Sulcide or injury in any way related to occupation of deceased? 17. Other Countributory Causes of importance: Other Countributory Neme of operation What test confirmed diegnosis? Was there an autopsy? Accident, suicide, or homicide? Other Countributory What test confirmed diegnosis? Was there an autopsy? Accident, suicide, or homicide? Other Countributory Neme of operation Other Countributory Neme of operation Other Countributory What test confirmed diegnosis? Was there an autopsy? Accident suicide, or homicide? Other Countributory What test confirmed diegnosis? Was there an autopsy? Accident suicide, or homicide? Other Countributory Other Countributory Neme of operation Other Countributory What test confirmed iegnosis? What test confirmed iegnosis? Wha | Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. | | V | - Comor again | |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. | - I this occupation (month and | 16.3 a 11. Total ti | nt In this | | |
| 13. NAME | | md | 4.6 | Other Contributory Causes of Importance: | |
| What test confirmed diegnosis? Was there an autopsy? The state of country to autopsy? The state of | 1 61 | d Tru | itt | | |
| What test confirmed diagnosis? Was there an autopsy? The state of country of t | 14. BIRTHPLACE (city or town) | 1 | | Neme of operation | |
| Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Varylowille Oate Out, 21, 1936 Manner of injury Neture of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 16 so, specify (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Neture of injury (Address) 16 so, specify (Signed) (Signed) M. O. (Signed) M. O. | (State of country) | iva | , , | What test confirmed diegnosis? | n autopsy?_ Ito |
| Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Varylowille Oate Out, 21, 1936 Manner of injury Neture of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 16 so, specify (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Neture of injury (Address) 16 so, specify (Signed) (Signed) M. O. (Signed) M. O. | IS. MAIDEN NAME | y vayl | ol | | |
| Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place agriculte Oate Oct. 2/, 1936 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 10-21-, 1936 Nellon F. Hayward (Signed) (Signed) (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Neture of injury 19. UNDERTAKER (Address) (Address) (Signed) (Signed) M. O. | 16. BIRTHPLACE (city or town) | ma, | | Where did injury occur? | |
| Place Vaylowille Oate Out, 2/, 1936 Neture of injury 19. UNDERTAKER 1. 41. 13 untage 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. FILED 10-21-, 1936 Nellan F. Haywand (Signed) C. A. Holland M. O. | 17. INFURMANT | 1. Truitt | and. | (Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC I | tate) PLACE. |
| (Address) | | Oate Oct | 2/, 1936 | | |
| 20, FILED 10-21-, 1996 Helen F. Hayward (Signed) C.a. Holland M.O. | | Burkay | me | | no |
| | 16 61 01 | Helen F. | Haywo | ind (Signed) e.a. Holland | M. O. |

V. S. No. 1

-WRITE

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Y, WITH UNFADING INK-THIS IS A PERMANENT REC

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | li i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | 11 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | intellig |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|------------|--|---|
| 1 | . PLACE OF DEATH | WITHIR CORPORATE MANTO OF JUNE 1 |
| | County Nanceslers | Registration Dist. No. 350 |
| | Village or City to como lo toet | 1 No. 4 th & Waleut St. 9. Ward |
| | | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds, |
| • | - Y/1/2 1/ | 71. |
| 1 | 2. FULL NAME AGAINST TO STATE OF THE STATE O | U. S. Veteran, specify WAR |
| | (a) Residence: No. The West State (Usual place of abode) | Ward. If nonresident give city or town and State |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 7 | SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WOOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Ctoker 29-193 (Month) (Oay) (Year) |
| 5a. | If married, widowed, or divorced HUSBAND of | 22. HEREBY CERTIFY. Thet I attended deceesed from |
| | (or) WIFE of Margaret Ward, | act 29 1936 to Oct 29 1936 |
| 6. 1 | DATE OF BERTH (month, day, and year) pt 17-1901 | I hast sew h alive on, 19; death is seid |
| | AGE Years Months Days If LESS then | to have occurred on tha date stated above, atm. |
| | 35 12 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows: |
| NOI | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | HEart Condition and Date of Diese |
| OCCUPATION | 9. Industry or business In which work was done, as SILK MILL, | War-Access |
| D) | SAW MILL, BANK, atc | Physician roly saw patient after death. no |
| 0 | 10. Date deceased last worked at this occupation (month and year) | frosther infermatione care |
| - | Go the land | Other Contributory Causes of importance: |
| 12. | BIRTHPLACE (city or town) (State or country) | |
| 2 | 13. NAME CAS SATE Who ad | |
| FATHER | 14. BIRTHPLACE (city or town) Louthersburg | Name of operation Date of |
| FA | (State or country) | What test confirmed diagnosis? Was there an autopsy? No. |
| ER | 15. MAIDEN NAME CARRED A Carloy. | 23. If daeth was due to external causes (VIOLENCE) fill in also the following: |
| MOTHER | 16. BIRTHPLACE (city or town) | Accident, suicida, or homicide? |
| Σ | (Stata or country) | Where did Injury occur? |
| 17. | INFORMANTA: Mille de celeforal (Addrésé) propulation Cold VIII | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, |
| 19. | BURIAL CREMATION, OF REMOVAL | Manner ot injury |
| 5 | Prace Care 19 19 | Nature of injury |
| 19. | UNDERTAKER PRIOR LANGE L | 24. Was disease or injury in any way related to occupation of decaased? |
| 20, | FILEO Oct 29 136 John J. Rile | (Signed) Adlankar M. D. |
| | Registrar. If more blanks are needed, address State Registrar. | QAIZ N. Charles Street, Baltimorn Requesting V. S. No. 1. |
| | | 1 1 1 2 2 1 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| and a | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance: |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
|--|
| V Know from a highery or This man That he was a know |
| drupper and had bythe told by his whisician in |
| Griflesburg he would die like tel did. Its has |
| had are alther a action a which had lasted about |
| I wike which time he was in a Norbital. Houly |
| saw him after death. a availe uch |

certificate.

TION is very important. See instructions on back of

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | <u> </u> |
|--|--|
| County Wolandle | Registration Dist. No. 38/ |
| Village or City Suow Kill | NoSt.,Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsds. |
| 0111 | |
| 2. FULL NAME Bales Watero | If U. S. Veteran, specify WAR |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH / 0/2 2 , 193 (Month) (Day) (Year) |
| 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 22 1936 | lest sew h elive on , 19 ; deeth is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, et // 40/m. |
| O O O O I day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8 Trade profession or particular | were es follows: |
| kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc | Still bose to said |
| Kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Bate decessed last worked at this prognation (month end spent in this spent in this | miderife / |
| 10. Date decesed last worked at this occupation (month end yeer) | |
|) occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) And Hull (State or country) | |
| 1 20 | |
| E G CONTINUE | |
| (State or country) | Name of operation |
| A | What test confirmed diagnosis? |
| E 1704 | 23. If death was due to external causes (VIDL ENCE) fill in elso the following: Accident, suicide, or homicide? |
| O 16. BIRTHPLACE (city or town) Out of State or country) | Where did injury occur? |
| 17. INFORMANT Sadie Waters. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| Place M + W eatley Date Och 231936 | Neture of injury |
| 19. UNDERTAKER Charles Cu. Waters | 24. Was diseese or injury in any way related to occupetion of deceased? |
| 20. FILED 10/23/ 1936 RELOY Sweeth | If so, specify (Signed) (Signed) |
| Registrar. | (Address) Suoch Hell, Mid #35/ |

B.—WRITE PLAI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis | 1 " Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN | |
|--|---|
| | |
| | |
| | • |

| MANGIN RESERVED FOR DINDING | N. B.—WRITE PLAN-LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | e instructions on back of certificate. |
|-----------------------------|---|--|--|--|
| MARGINE | N. BWRITE PLAKEY, WITH UNFADING | mation should be carefully supplied. AGE | CAUSE OF DEATH in plain terms, se that | TION is very important. See instructions on back of certificate. |

| STATE | OF | MARYLAND- | -CERTIF | ICATE | OF | DEATH | ı |
|-------|----|-----------|---------|-------|----|-------|---|
| | | | | | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|
| County Waterstry | Registration Dist. No. 3 J |
| Village or City Stockton My | |
| (If | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME William | |
| (a) Residence: No. | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Color of RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY. Thet I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Oct 4 1936 | I last saw h alive on |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the dete steted above, at S.A.A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: |
| 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Date of onset |
| 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. | Stillhouse |
| 10. Dale deceased lest worked et this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) Stress on Country) | Other Coutributory Causes of importance: |
| 13. NAME Olic Hair | |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Besin Williams | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of Injury, 19 Where did Injury occur? |
| 17. INFORMANT Luila Wilson (Address) Stochton (mt | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Old It. Paul Centry Date Oct 4. 1936 | Manner of injury |
| 19. UNDERTAKER Juny Burnett | 24. Was disease or Injury In any way related to occupation of deceased? |
| 20. FILEDOCK 4 , 1936 mary M. Tuy ly Resistrar. | (Signed) May M. Juyh. Local Rigues |
| | <u> </u> |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset 1 week ago | |
| Arterioselerosis | 1915 | Attack of epilepsy | | |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
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| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
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